

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.

FILING DATE

09/913329
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	31						55		
6	13						56		
7	31						57		
8	13						58		
9	31						59		
10	13						60		
11	31						61		
12	13						62		
13	31						63		
14	/						64		
15							65		
16		1					66		
17	/						67		
18	1						68		
19	31						69		
20	13						70		
21	31						71		
22	31						72		
23	31						73		
24	13						74		
25	41						75		
26	13						76		
27	31						77		
28	1						78		
29	/						79		
30	1						80		
31	/						81		
32	/						82		
33	/						83		
34	/						84		
35	/						85		
36	/						86		
37	/						87		
38	/						88		
39	/						89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	8						TOTAL IND.		
TOTAL DEP.	30	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	38	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS